



TENTATIVE MAP EXTENSION SUBMITTAL CHECKLIST E-15

Development Services

Engineering Department

1635 Faraday Avenue

760-602-2750

www.carlsbadca.gov

CT _____ or MS _____
Project Name _____

- ___ 1. Application form completed and signed by applicant. Note: It is important that you clearly state the reasons why an extension is necessary, the requested time period for the extension, usually one year, and what actions you have taken to diligently pursue the final map
- ___ 2. Six copies of the project's Conditions of Approval*
- ___ 3. Six copies of the APPROVED Tentative Map. If you do not have a copy of the Tentative Map that is stamped "APPROVED", please ask for copies at the City of Carlsbad office at 1635 Faraday Avenue*
- ___ 4. Property owners' list and two sets of address labels. (Fee = postage x total number of labels)
- ___ 5. 300 foot radius map on 8 1/2" x 11" paper (tentative parcel maps only)
600 foot radius map on 8 1/2" x 11" paper (tentative tract maps only)
- ___ 6. Title Report for property, current within the last six months, if ownership has changed since map was approved
- ___ 7. Environmental Impact Assessment form, Part I, and processing fee
- ___ 8. Map extension processing fee

** Nine copies of the Conditions of Approval and the Approved Tentative Map are required if the project is outside the Carlsbad Municipal Water District or Sewer District*

COMMENTS _____

SUBMITTAL COMPLETE. CHECKED BY: _____ **DATE** _____



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Project Number: _____		Project Name: _____	
Location: _____ (N/S/E/W)		Side of _____ Street Name	Between _____ Street Name
And _____ Street Name			
Brief Description: _____ _____ _____			
Reason for Request: _____ _____ _____ _____ _____			
APPLICANT		OWNER	
Name: _____		Name: _____	
Street Address: _____		Street Address: _____	
City, State, Zip: _____		City, State, Zip: _____	
Phone Number: _____		Phone Number: _____	
Fax Number: _____		Fax Number: _____	
E-mail: _____		E-mail: _____	
_____ Signature		_____ Signature	
_____ Date		_____ Date	
Current Map Expiration Date: _____	Facility Zone: _____	APN: _____	Acreage: _____
Subdivision Type: _____		Number of lots: _____	Number of D/U's: _____

For City Use Only

Application Accepted By: _____
Date Assigned: _____
Land Use Engineer: _____
Project Planner: _____

Date Stamp Received
